

Docket No. 71160/JPW/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Veneta Hanson and Harry Spiera

Serial No. : 10/676,691 Examiner: J.L. Grun

Filed : September 30, 2003 Group Art Unit: 1641

For : DIAGNOSTIC TEST FOR NEUROPSYCHIATRIC SYSTEMIC
LUPUS ERYTHEMATOSUS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 28, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☐ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	6 -	21 =	0 x	\$25	\$50	= 0.00	
Independent Claims	2 -	4 =	0 x	\$100	\$200	= 0.00	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	= 0.00	
				TOTAL ADDITIONAL FEE \$ 0.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

X One additional copy of this Amendment Transmittal Letter

<u>X</u>	Return Receipt Postcard
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An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)

<u> x </u>	A Petition for an Extension of Time, including a fee of
\$ 60.00	for a Petition for 1 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 60.00

 x A check in the amount of \$ 60.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

<u>X</u>	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White 3/28/07
Reg. No. 28,678 Date

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